BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 9 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12003
Village or City Lykesville.	No. Apringfuld Mile Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs, 6 mos 2. FULL NAME Charles Thomas andrews (a) Residence: No. Monrovia Md. (Usual place of abode)	st., Ward. Monrovia, Md
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed.	21. DATE OF DEATH December 8 4 , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marden hame unknown.	22. I HEREBY CERTIFY. That I ettended deceased from 237 1933 to Alcelular 8 2 1933
6. DATE OF BIRTH (month, day, end year) January 17th 1864. 7. AGE Years Months Days If LESS than 1 dey,	I last saw has alive on December 7 7 , 1933; death is said to have occurred on the date stated above, et 6.46 A m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particuter kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	were as follows: (Pardiovaspular-Renal Disease with Date of onset high arterial tension mittal Regurgitation and Prior to
year) /93 occupation	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) human (State or country) montgomery to ma	
13. NAME Lannel Andrews 14. BIRTHPLACE (city or town) Unknown (State or country) montgomen, Co. Md.	Name of operation None Physical signs and laborators, from the operation of the state of the st
15. MAIDEN NAME Caroline Keich 16. BIRTHPLACE (city or town) unknown (State or country) montgoming Co. Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Min appear state Hospital (Records) (Address) 18. BURIAL, CREMATION; OR REMOVAL Place Stilled a Lewitz Bate Dec 15 = 1923.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury
9. 21/20	

Registrar.

If so, specify

(Signed)

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BUKEAU Y. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	FE	ion sho
	VRI	tion
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V. S. No. 1	B	6
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carrell	Registration Dist. No.
Village or City Dykesaile	No. And State of the Market State of Street and number)
Length of residence in city or town where death occurredyrs,mo:	s. ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Eleanar O Das	ben n 431
(a) Residence: No. 663 Prest	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lecusion 26, 193 3 (Month) (Day) (Year).
a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Mukewan) Beken	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Lan. / 1950	I tast sawh was alive on A Le 25 , 19-3-3; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
83 1/1 23- 1 day, hrs.	THE TRICET AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his geomation (month and	- Crysepelas (Jacial) 12-2.
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Mukeurm	Other Contributory Causes of importance:
(State or country) 13. NAME Haucon Trayer 14. BIRTHPLACE (city or town). Weeks	
14. BIRTHPLACE (city or town) week	Name of operation
(State of country) Managed	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Mukam) Ceighta. 16. BIRTHPLACE (city or town) Macketing.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Oxaceland,	Where did injury occur?
7. INFORMANT Gasfital Reserves.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Multon Date Dec. 7 8193	Manner of Injury
19. UNDERTAKER Um C Burlo Md 8	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Der 26, 19 53 CHarry Herr	(Signed) Mared Mr. Mar M. (Address) Differentia Ma
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BUREAU V			
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Gallstones	May 1,1923	Gastroenteritis	1 year

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(Year)

Date of onset

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BURRAN			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No.

WRITE

CAUSE

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Sim uo		Registration	on Dist. No	76	
No	32	W. ma	m	St.,	Ward
	in a hospital or inst How long in U.S. i				
	now long in 0.0.	it of foreign births.		HIO	
St.,	Ward.	If nonresid	ent give city or	town and	Note:
1	MEDICAL	CERTIFICA			Auto
21. DATE	OF DEATH				
	N	ecember (Month)	た // (Day)		1933 (Year)
22.	IHEREE	YCERTI	FY, That I	attended d	eceased from
		, 19, to			, f9
I last saw h.		1		, 19	death is said
	PAL CAUSE OF DE		-36 AM		
were as foll	OWS:	ATH and related o	auses of ampon	tance	Date of onset
		-4			
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			2		
Other Contr	ibutory Causes of it	mportance:	1	- 654	
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Nama of an		/		Date of	
Name ef op	onfirmed diagnosis?	//	Was		topsy?
		1			
4	vas due to external	-/		ry	
T.	ricide, or homicide?	0	Date of mit	иу	, 17
		(Specify city	y or town, cour	ity and State)
Specify whe	ther Injury occurre	a in industry, in	HUME, OTHE	OBLIC PLA	UŁ.
Manner of i	nium				
1					
Nature of in					
- A	ase or injury in an	y way related to oc	cupation of de	ceased?	
y so, specif	/	V.C.X	Tu	ulle	M. D.
	(Address)	10100	run	scho.	hod
4	(vanie22)				

Registrar.

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Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

B

1. PLACE OF DEATH
1. FLACE OF BEATH
County Darrula Registration Dist. No. 72
Village or City Thuran mills! No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Marcha Allen Sown
(a) Residence: No. Union millo St., Ward.
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
Frenche Oluhile OR DIVORCED (wite the word) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of
(or) WIFE of Howard Brown 22. I HEREBY CERT FY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) . Self. 1. 1863 I last saw h. ev. alive on Dec. 21, 19.03; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular
Note that the profession of particular that the profession of the
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10. Date deceased last worked at this occupation (month and year)
Other Contributory, Causes of importance:
12. BIRTHPLACE (city or town) (State or country)
Sugal Xemania
E Districte logi
What test confirmed diagnosis? Was there an autonsy?
23. If death was due to external causes (VIULENCE) hill in also the following:
Accident, suicide, or homicide? Date of injury 19 (State or country)
Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL PA. Manner of injury
Place Mines Cens. Date 24, 19.33 Nature of injury
of M - tout
19. UNDERTAKER (Address) If so, specify (Address)
10 10 0 10 (Charles Weball
20. FILED A 1922. Color of the

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

•	RECO	. PH	Exact	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOI	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	
FOR B	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
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SEKVI	NK-T	pluods	it may	n back
고 전 전	ING II	AGE	that	tions o
IAKGIN	UNFAD	upplied.	terms, se	e instruc
	WHI	efully s	in plain	ant. Se
	INLY,	be car	EATH	importa
	PLA	plno	DE D	very
	RITE	ion sh	JSE C	Si N
4	-WE	mati	CAL	TIO

				F MAI	RYLAND-	CERTIFICATE OF DEATH	2009
1	L PLACE OF					Pa	3
	County					Mogistration Dist. No.	9
	-Village=or Cit	tynea	r, Sykes	ville,	R.F.D	。# _NoSt., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
	Length of resid	ence In cit	y or town where	death occurred	yrs, 2 mos	— ds. How long in U.S. if of foreign birth?	osds.
2	. FULL NAM	/E	James I	Buchana	n,		
	(a) Residence	e: No. 5.	09 Car	ton St	Baltimo	rest, Ward. If nonresident give city or town and	State
	PERSONA	AL ANI	D STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. 3			OR RACE	OR DIVOR	ARRIED, WIDOWED. CED (write the word)	21. DATE OF DEATH December - 31 -	1933.
5a.	Male If married, widowe		lack	M.a	rried	(Month) (Day)	(Yaar)
	HUSBAND of		ra Buch	nanan		22. THEREBY CERTIFY, That I attended to 23 1933 to Sec 31	deceased from
6	DATE OF BIRTH (m	month day	and wase) 7 8/	50-2- 9	unknown	Hast saw have alive on silve 30 , 1933	
	AGE Years		Months	Days	If LESS than	to have occurred on the data stated above, 12:45a.m.	, 000111110
	73		10	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2	8. Trada, profess	lon, or par	rticular			well as fullows.	Date of onset
10	SAWYER, E	BDOKKEEF	S SPINNER, PER, etc	Labore	er	Permisine america	1932
IPA.	9 Industry or bi work was o SAW MILL	usinass in dona, as SI	which ILK MILL,			DOMACO CO. CO.	
OCCUPATION	10. Data deceased	., BANK, at d last work	lc .ed at	11. Tota	I time (years)		
0	this occupa	ation (mon	th and	3	pent in this		
	BIRTHPLACE (city	4	Baltir	nore Co)	Other Contributory Causes of importance:	
12.	(State or count	,		land.	3	muscardial + cerebral	
ER	13. NAME		Unkno			Im alantation	
FATHER	14. BIRTHPLACE ((aity or tou	······			Name of operation Date of	
F	(Stata or c		*"/	,	*****************	What test confirmed diagnosis? Was there an a	
ER	15. MAIDEN NAM	E		11		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or toy	vn)	H		Accident, suicide, or homicide? Date of injury	
X	(Stata or c			11		Where did injury occur?	*******
17.	17. INFORMANT Laura Buchanan,					(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.	(Address) R. F. DSykesville, Md. 18. BURIAL, CREMATION, OR REMOVAL					Manner of Injury	
	Placehite	Roc	ck Cemt	y Data Jan	0. 3", 1934.	Natura of injury	
19.	19. UNDERTAKER Lo. M. Haltz. (Addiess) Kinfield Md.					24. Was disease or injury in any way related to occupation of deceased?	
-	006	11.	39/8/	in m	Hard H	(Signed) Asharley Grabell.	M. D
20.	FILED JAM.	, 1	Defru	Ly Li ca	Registrar.	(Address / msausy,	med
	V		If more	Blanks are needed	l, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE O	F DEATH	Maryla		culosis Sanatorium	0 1 0
County	Carroll		Color	ed Branch (23) Registration Dist. No. 74	
	ity Henryton		yrs 6 mos	No. (above) St., f death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	Ward
	ME Charles A				
	ce: No. 1337 N.			imere. Moord	
(a) Resider	ce. No.	(Usual place		If nonresident give city or town and	State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. color or RACE Colored		RIED, WIDOWED, O (write the word) e	21. DATE OF DEATH Dec., 8, 1933	, 193
5a. If married, widow HUSBAND of	red, or divorced				
(or) WIFE of				May 31, 1933 19 to Dec., 8, 1	
6 DATE OF RIRTH	(month, day, and year) De	ec. 27.	1926	last saw h 1m aliva on Dec., 8, 1933, 19	
7. AGE Yes		Days	If LESS than	to have occurred on the date stated above, at 12.15 m. A. M.	
	3 11	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe	ssion, or particular work dona, as SPINNER,	None	1 01-2-2-111114	Pulmonary Tuberculosis	Date of onset
SAWYER	, BOOKKEEPER, etcbusiness in which	110110			
work wa	s done, as SILK MILL, LL, BANK, etc	None			Feb.
0 0	ed last worked et pation (month and)	11. Total ti sper occu	me (years) It in thi None		1933
12. BIRTHPLACE (c) (State or cou			***************************************	Other Contributory Causes of importance:	
13. NAME	Jessi	le Carte	r		
14. BIRTHPLACI	(city or town) Peter	sburg		Name of operation Data of	
(State o	country) Virgi			What test confirmed diagnosis? Was thera an a	7.
当 15. MAIDEN NA	ME Bessi	le Ander	son	23. If death was due to external causes (VIOLENCE) fill In also the following	:
6 16. BIRTHPLACE	(city or town) Peter	rsburg inia		Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md. 18. BURIAL CREMATION, OR REMOVAL Company Place Date Doc // 1932			D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
			11 ,19 32	Manner of injury	
19. UNDERTAKER Tromas & Kolson (Address) 1303 Presisting St				24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED 12/8/33, 19 Jour Collection Control of the Collection of				(Signed) Thu (7 CMe) (Address) TExactor	W.M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the dcceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

infor-	state	CUPA-	1	1
o ma	plnou	000		
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		2
r RECO	Y. PH	Exact		3. S
MANENT	ACTL	assified.		3. S
S A PERI	tated EX	roperly cl	rtificate.	6. D
IIS I	be st	be pi	of ce	NOI
INK-TI	GE should	nat it may	TION is very important. See instructions on back of certificate.	MOTHER FATHER 13.1
DINC	I. A(so th	uction	12.
H UNFA	y supplied	ain terms,	See instr	FATHER
ILY, WIT	e carefully	ITH in pl	portant.	MOTHER
LAIN	nld b	DE	ry im	17. 1
ITE P	ous u	SE OF	I is ve	18. 1
BWR	matic	CAU	TION	19. 1
ż		1	7	20. 1

			F MAR	YLAND-	CERTIFICATE OF DEATH	:011
	1. PLACE OF DEATH				70	1
County Carroll					Registration Dist. No	
	Village or City R Length of residence in			0	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n s. 21 ds How long In U.S. if of foreign birth? yrs. mo	ware)
2. F	ULL NAME	George	W Cughi		3	
	(a) Residence: No.			ster	St., Ward. If nonresident give city or town and state of the state of	State
	PERSONAL A	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
-	Male	OR OR RACE White	OR DIVORCE	RRIED, WIDOWED. D (write the word) LOWEY	21. DATE OF DEATH December 1", (Month) (Day)	193 3 • (Year)
Sa. If M	5a. If married, widowad, or divorced HUSBAND of late Susie R. Cushing			ng	22. 1 HEREBY CERTIFY. That I attended deceased May 1955 to 5319	
6. DATE	OF BIRTH (month, d	ay, and year) 185	55-4-10		I last saw h i'm alive on Nov- 29 ,1985	; death is sai
7. AGE	Years	Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, a8 • 55a.m.	
-	78	1 7	21	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
	Trade, p:ofession, or kind of work done SAWYER, BOOKKE Industry or business work was done, as	in which .	Labore	er	Myo carolilo Nepholio (Chome) Obstatilo (Chome)	
1000	SAW MILL, BANK, Date deceased last w this occupation (m year)	orked at	so:	ima (years) nt in this upation		
	THPLACE (city or town (State or country)		oll Co.		Other Contributory Causes of importanca:	
	NAME JO	seph Cus				
I	BIRTHPLACE (city or (Canno	11 Co.,		Name of operation Data of Data	
æ 15.	MAIDEN NAME	Elizabet		Le,	What test confirmed diagnosis? Was there an au	
7	BIRTHPLACE (city or t (State or country)	/	roll Co). ,	23. If daath was dua to external causas (VIOL ENCE) fill In also tha following: Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT Mrs. Jas. W.M. Sherry, (Address) R. F. D Westminster, Md.				ld.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceSt. James Cemty. Date Dec. 3",19.33					Manner of injury	
19. UNDERTAKER 6. M. Halt, (Addiess) Hengiett, Mid,					24. Was disease or Injury In any way related to occupation of deceased?	
20. FILE	12-2	1933	6 mis	Farrer Registrar.	(Signed) Wissenson 24	M. C
		If more I	blanks are needed	ddrass Seasa Danista	24. N. Charles Street Believe B. C. S. V.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	district the state of the state	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAN			
Other contributory eauses of importance:		Other contributory causes of importance:	Park of the
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	1011
county Carrolf	Registration Dist, No. 77
Village or City Hamfistend	No. St., Waldesth occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No. A farmented	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(OC) WIFE OF Rev. Samuel J. Drw	1 HEREBY CERTIFY, That I attended deceased from 1933 to Dec. 18, 1933
5. DATE OF BIRTH (month, day, and year) Sulf 17, 1836	Vlast saw h.Ev. ative on Ozc 8, 1933; death is sa
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et 3. / V @_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Pet. However, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spent in this occupation (month and spent in this occupation).	Carcinomal of Crinx Uter 793
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	0
10. Date deceased lest worked at this occupation (month and year) 1900 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Hambalead	Other Coutributory Causes of Importance:
(State or country) Many Agreedy	
13. NAME Circles of town Staffer 14. BIRTHPLACE (city or town) Hampfalead	
14. BIRTHPLACE (city or town) Hampfoliad	Name of operation Dete of
(State or country) Plantfland.	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Christing algue 16. BIRTHPLACE (city or town). Williams (State or country)	23. If death was dua to extarnal causas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Uffice	Accident, suicide, or homicide?, 19, 19
(Steta or country) Manylula	Where did injury occur? (Specify city or town, county and State)
(Address) Fampleed. Nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Plece Namp Mode (A Date) UC O 1900	Nature of injury 1
19. UNDERTAKER Oward (Sloton	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Tamplead 1419	

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Arteriosclerosis **	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#U2520			
Other contributory eauses of importance:		Other contributory causes of importance:	150
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Carroll MIN CORPORATE LINITE	Registration Dist. No. 16
Village or City West surveter (IF	NoSt., Ward death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where death occurred 3.5 yrs	
2. FULL NAME Phollie Jane	Ucehl
(a) Residence: No. 49 Leberthy (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willow	21. DATE OF DEATH 2 - 19 1933
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of the Late Jahn K. Slight	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Augus & 1844	I last saw h alive on / 2 - / 5 1923; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5 = 9 m.
\$9 6 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, April SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	arlenofelerosis 1920
work was done, as SILK MILL, SAW MILL, BANK, etc.	(In an a formal to
10. Date deceased last worked at 11. Total time (years)	and some of the same
this occupation (month and spent in this occupation coupation	Chronic interstition nephritis Care
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance Duration : unknown,
(State or country) maryland	Atrema 918,2
13. NAME William Stoner	
13. NAME Williams Stoner 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) / / armicana	What test confirmed diagnosis? Luca Was there an au'opsy?
15. MAIDEN NAME Cathirine Parish	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Eclasser at Stones (Address) 4, 9 Libert at Westminder	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Felder Windar Date dec 22, 1933	Nature of injury
19. UNDERTAKER A Barkurd & Son (Address) Westminester md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 2/5 0, 1953 Fellos Serono Registrar.	(Signed) VEShumple MD.
If more blanks are needed, address State Registrar.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. V. S. No. 1

N. B.—WRITE PLAINLY, W

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	STATE OF	MAR'	YLAND-	CERTIFICAT	E OF DEATH	11176
:	1. PLACE OF DEATH	,		(3)	14	014
	county Carroll				Registration Dist. No.	7
	1-1.1	me	an had	" Chas		
0	Village or City Windy		(1	No.	institution, give its NAME instead of street a	ward number)
	Length of residence in city or town where deeth	occurred	yrsmos		S. if of foreign birth?yrs	
١,	2. FULL NAME Foclus	Do	rony			
	10/-	a st		0) W		
	(a) Residence: No.	(Usual place of	of abode)	St., Ward.	If nonresident give city or town	and State
5	PERSONAL AND STATISTICA			MEDICA	L CERTIFICATE OF DEATH	
3.	SEX 21 4. COLOR OR RACE 5.	SINGLE, MARK OR DIVORCED	(write word)	21. DATE OF DEA		, 193 .3 (Year)
5a.	. If merried, widowed, or divorced	0			(bay)	(1641)
	HUSBAND of			22. I HERE	EBY CERTIFY, That I etten	ded deceased from
-	- alf				19	, 19
	DATE OF BIRTH (month, day, and year)	(12-	11 - 33	I lest saw h alve o	on/, 19	; death is said
7.	AGE Years Months	Days	If LESS than		e stated ebove, at 12:45. P.m.	
			1 day,hrs.	were as follows:	Design and related causes of importance	Data di sant
z	8. Trade, profession, or particular			/		Date of onset
110	kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc			C		
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,				76	
200	SAW MILL, BANK, etc	l 11 Tetal tie	ma (110-1-)		2	
ŏ	this occupation (month and	11. Total tir spen	t in this pation	***************************************		
-) year)	l occul	pation	Dther Contributory Causes of	of importance:	
12.	. BIRTHPLACE (city or town)					
~	(State or country)	~				
FATHER	13. NAME FOR ICH	7				
AT	14. BIRTHPLACE (city or town) Null	A,		Name of operation	Date o	of
	(State or country)	- 0		What test confirmed diagnos	sis? Wes there	an autopsy?
MOTHER	15. MAIDEN NAME alive Man	in Do	rony	23. If death was due to exteri	nal causes (VIOLENCE) fill in also the follow	wine:
110	16. BIRTHPLACE (city or town)	_			de? Date of injury	
Σ	(State or country)			Where did injury occur?		, , , , , , , , , , , , , , , , , , , ,
17.	INFORMANT Alies Man	i Do	rey	Specify whether injury occur	(Specify city or town, county and rred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, DE REMOVAL			Menner of injury		
	Place Despos of Bo	ite	, 19	Nature of injury		
	UNDERTAKER (Address)	7 20	orthus	24. Was disease or injury in If so, specify (Signed)	eny way releted to occupation of deceased?	~
20.	, FILED, 19	2/-	Registrar.	(Address)	Mistrim	eliko.
	TOTAL MEDICALIAR NO To move blank	are needed		2411 N. Charles Street, Baltimo	Providence 71 S. No.	
	-, 516 0141111	and the same	area areassiral,	-y Chanco otreet, Dattimo	те, медисину О. Э. 140. 1.	

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Example I

Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 wcck ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

should state of OCCUPA-

m.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF County	F DEATH	H		Maryla	nd Tuberculosis Senatorium 74	
			Monathan		TOT GO DI GITCH	
Village or C	ity nem	1 4 6011	Marylan	a (If	No. St., death_occurred in a horpital or institution, give its NAME instead of street and	number)
		or town where d			ds. How long in U.S. if of foreign birth?yrsr	nosds.
2. FULL NA	ME Els	sie Nev	comb Do	uglas		
(a) Residen	1 .				ston, Md ward.	
(a) Residen	. 140		(Usual place		It nonresident give city or town au	d State
PERSON	IAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
sex Female	4. COLOR	or race or ed	5. SINGLE, MAR OR DIVORCE SINGLE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 13, 1933 (Month) (Dey)	, 193
5e. It married, widow HUSBAND of (or) WIFE of	ved, or divorce	ed			Nov., 3, 193319 to Dec., 13,	d deceesed from
		Λ 3 :	ıg., 23.	1913	t lest saw her elive on Dec., 13, 1933	deeth is seid
6. DATE OF BIRTH 7. AGE Yes		Months	Days	tf LESS than	to have occurred on the date steted above, at 10.30 m.A.M.	9 Geerii 12 2010
	20	3	20	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
			-	ormin.	were esfollows: Pulmonary Tuberculosis	Date of onset
			mestic eneral lousewor	k		Aug., 1933
10. Date decees this occur year)	ed lest worke	ed at		ime (yeers)		
12. BIRTHPLACE (ci	ity or town).	Baltimo Marvl	re,		Other Contributory Canses of importance:	
13. NAME	Vathar	nel Ne	Teomb		-	
13. NAME 14. BIRTHPLACE (Stete of	E (city or tow r country)	n) Trapp Mary	e land.		Neme of operation Date of Whet test confirmed diagnosis? Was there an	27
15. MAIDEN NA	ME LE	aura Ch	aney		23. If death was due to external causes (VtOL ENCE) fill in also the following	
15. MAIDEN NA H O 16. BIRTHPLACE	E (city or tow r country)	n) Trapp	e Vland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
	John E	. O'Ne	ill, M. Maryla		(Specify city or town, county and St Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL, CREMA			~	^	Manner of injury	
Sephers	nu	oud	Date D	19.32	Neture of injury	Cary
19, UNDERTAKER (Address)	Neg	her	on &	ud.	24. Was disease or injury in any wey releted to occupation of deceased? If so, specity	no:
20. FILED 12/	13/33	Th	Denuty	Loc Registrar.	(Signed) The Old	n mid
	(If more			, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1. PLACE OF DEATH	MAK	LÉVIAD_	CERTIFICATE OF DEATH	:015
County Carroll			Registration Dist. No.	2-
Village or City Mt.Airy,	occurred7		NoSt.,StSt.,StSt.,StStStStSt	
2. FULL NAME William (a) Residence: No. Mt	L, Etch . Airy, . (Usualplace o	Md.	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	OR DIVORCED	tied, WIDOWED. (write the word) ried	21. DATE OF DEATH December 31 (Month) (Day)	1933 (Year)
5a. If married, widowed, or divorced HUSBAND of Emily V.E		n	22. HEREBY CERTIFY, That I attended do. 1937, to 2016 31 11ast saw h in alive on 2016 31, 1933;	19.33
6. DATE OF BIRTH (month, day, and year) 1853 7. AGE Years Months 80 8	- 4-9 Days 22	If LESS than I day, hrs. ormin.	to have occurred on the date stated above, a4:15a.m. The PRINCIPAL CAUSE OF DEATH and rolated causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. LRS. SAWYER, etc. LS. SAWYER, etc. LRS. S	11. Total tir	retired) me (years) t in this pation	Other Contributory Causes of Importance:	1928
(State or country) Mary	land.		6hr Llumpusslow	3 700
13. NAME Charles Etc 14. BIRTHPLACE (city or town) Monts (State or country) Mar		Co.,	Name of operation Date of What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME Emily War 16. BIRTHPLACE (city or town) Month (State or country)		Co.,	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	, 19
17. INFORMANT Mrs. Emily V. E (Address) Mt. Airy	tchiso	n.,	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLAI	CE.
18. BURIAL, CREMATION, OR REMOVAL PlacePine Grove Cemty	ote Jan	211,19.34	Manner of Injury	
19. UNDERTAKER 6 m Halts (Address) Historield	ned.	de.	24. Was disease or injury In any way related to occupation of deceased? Yellow Standing Grantley	13 M.
20. FILED Jan 2, 19 Jan	ks are needed.	Registrar.	(Address) Jintairy 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	mg

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		W War	
Other contributory causes of importance:		Other contributory causes of industrance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1000	

STATE OF MARYLAND	CERTIFICATE OF DEATH 12017
1. PLACE OF DEATH	
county barroll	Registration Dist. No.
Village or City anew town	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME LINE DE DIEOCH	
(a) Residence: No. Janes for (Uppl place of abode)	St., Ward. If nonresident give city or tuwn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF SEATH (Day) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHE of	22. ASVI HEREBY CERTIFY That I attended deceased from 1933, to 9, 1933
6. DATE OF BIRTH (month, day, end year) 72, 54 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 10.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Returned R.R. SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this oecupation (month and year) 11. Totel time (years) spant in this occupation occupation	Teilers Tracture due on accidental falls frage
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis? Characterists
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Clecident. Date of injury Note, 24th, 1933, Where did injury occur? Janey Consell County marked.
17. INFORMANT VIVAS (Address) 18. BURIAL, CREMATION, OR REMOVAL Piecel VIVAN A VALUE Date Dec. 17, 1933	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. In industry: On promises of Factory on way to work Manner of injury accidentably fell; tripfod over a wine. Nature of injury Factored right arm.
19. UNDERTAKER D. JUSO TON	24. Was disease or injury in any way related to occupation of deceased? Who
20. FILED Sec. 12, 1933 Spary 13. Will	(Signed Months of Harley M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIO	NAL SPACE FOR	R FURTHER ST	CATEMENTS RY	PHYSICIAN		1
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Sai	luce of	the -	ruyse	sudiim	~		

-WRITE

1. PLACE OF DEATH	8200
County Carroll CORPORATE LIMITED	Registration Dist. No. 76
Village or City Westminster,	No. New Windsor Road St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred2yrsmo	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Annie L. Gitt, (a) Residence: No. Westminster, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH December, 411, 1933, (Month) (Day), (Year)
5a. If married, w'dowed, or divorced WISTRAND (or) WIFE of late, Gitt, 6. DATE OF BIRTH (month, day, and year) 1863-6-6	22. I HEREBY CERTIFY, That I attended daceased from 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983 1983
7. AGE Years & Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2:302 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceasad last worked at this occupation (month and sent in this securation (month and sent in this	Cerebral Neumonhage 1932
10. Data daceasad last worked at this occupation (month and yaar)	Other Contributory Causes of Importance:
(State or country) Maryland.	
Tohn E. Waltz,	
13. NAME John E. Waltz, 14. BIRTHPLACE (city or town) Frederick Co., (State or country) Maryland.	Name of operation Date of Date of What test confirmed diagnosis? Plays and Edward Mas there an au'opsy? Mo
15. MAIDEN NAME Catherine M. Barnes,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine M. Barnes, 16. BIRTHPLACE (clty or town) Frederick Co., (Stata or country) Maryland.	Accident, suicide, or homicida?
17. INFORMANT Mrs. Wm. E. Diehl, (Address) Westminster, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Linganore Centypate Dec. 611,19.33	Manner of injury
19. UNDERTAKER 6. M. Haltz. (Address) Hinfield And.	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED / TV 1950 Successiver.	(Signed) Chao Cafout, M.D. (Address) Westmucks, M.d.

If more blanks are needed, address State Regisfrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
100000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

(Year)

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...; death is said

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Carroll		Registration Dist. No. 74	
Village or City Henryton, Mo	d.	NoSt.	
Length of residence in city or town where death occu	urredyrs3_mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos	
2. FULL NAME Agnes Levenia			
(a) Residence: No. Pearson, St.	. Marys Co.,	Most, Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
ORI	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Dec., 15, 1935. (You (Day) (You	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	Sept., 15, 1935 to Dec., 15, 1935	
6. DATE OF BIRTH (month, day, and year) July 2	21, 1916	Liast saw h er alive on Dec., 15, 19339 death	
7. AGE Years Months	Days If LESS than i day, hrs. or min,	to have occurred on the date stated above, at 10.00 m. A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, DOTALS SAWYER, BOOKKEEPER, etc.	stic	Pulmonary Tuberculosis Apri 193	
work was done, as SILK MILL, Housey SAW MILL, BANK, etc	WORK		
10. Date deceased last worked at this occupation (month and year) UNANOWN	Unkanowa	Dther Contributory Canses of importance;	
Pearson, (State or country) Pearson, Maryland.		pulled Conditionary Control of Importances	
# 13. NAME John G. Gordon,			
14. BIRTHPLACE (city or town) Pearson, (State or country) Maryland.		Name of operation Date of Was there en eulopsy	
15. MAIDEN NAME Annie Somme:	rville,	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Pearson, (State or country) Waryland.		Accident, suicide, or homicide?	
17. INFORMANT John E. O'Neil (Address) Henryton, Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL CREMATION, OR REMOVAL Med Date	Dec 16 1933	Menner of injury	
19. UNDERTAKER VREE Sous Dree. (Address) September Mcd.		24. Was disease or injury in any way related to occupation of deceased?	
20, FILED 12/15/53,19 John &	Oneice.	(Signed) MWC107Mgell	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE

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PHYSICIANS

A PERMANENT RECORD. Every item of infor-

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CAUSE OF DEATH in plain terms, so that

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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20. FILED Dec. 4 1933 C. Harry Weer

V. S. No. 1

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property	rion is very important. See instructions on back of certificate.		ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Carroll County Registration Dist. No. Village or City Sykesville, Md. Springfield No State Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Nellie Gritzan (a) Residence: No. 612 McKewin Ave., Baltimore, (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female White Married (Yeer) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of Theodore F. Gritzan October December 6. DATE OF BIRTH (month, day, end yeer) October 16, 1887 . AGE Years Months Days If LESS then to heve occurred on the dete stated above, al The PRINCIPAL CAUSE OF DEATH and releted causes of importance 46 18 01---- min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Housewife 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (menthand 11. Total time (years) spent in this 933 occupation ____ Baltimore 2. BIRTHPLACE (city or town). (State or country) Septic infection of left Walter Coursey 13. NAME Nov. Maryland 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Wes there en au'opsy? Y.C.S. Ida -- Unknown 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in else the following: Maryland 16. BIRTHPLACE (city or lown). Acciden1, suicide, or homicide?______ Date of Injury_______19 (Stete or country Where did injury occur? (Specify city or town, county and State) Hospital Records, Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) S. S. Hosp. Sykesville. 8. BURIAL, CREMATION, OR REMOVAL Manner of injury Dec. 6, 1933 Loudon Park Neture of injury H. W. Fanning 24. Was disease or injury In any wey releted to occupation of deceased? ____NO 9. UNDERTAKER Baltimore, Md. (Address) If so, specify

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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ARGIN

V. S. No. 1

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	P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No.

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(Address)

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	R	egistration Dist. N	10	6
No			St.,	Ward
f death oc	urred in a hospital or institution, g			
S	ds. How long in U.S. if of forei	ign blrth?y	/rsmo	sds.
in				
St.,	Ward,			
. 31.,		If nonresident give cit	y or town and	State
	MEDICAL CERT	IFICATE OF	DEATH	
21. D	ATE OF DEATH		-	
-	1 Elee	uben 2	0	1933
-	(Mc	onth) (E	Day)	(Year)
22.	1 HEREBY C	ERTIFY. The	at I attended o	leceesed from
DE	Cember 12 193	3 to DECen	when 20	1933
	aw h. En alive on See		4_	: death is sald
	occurred on the date stated above		,	, 10111110
41	RINCIPAL CAUSE OF DEATH and		porlance	
were .	s follows:			Date of onset
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- 0	the remotile	A A ECOLOGIA	age.	
				12/12/33
Other	Contributory Causes of importance	:		
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What t	est confirmed diagnosis?		Was there an e	topsy?_ Co
23. If de	ath was due to external causes (V	(IOLENCE) fill in also	the following:	
Accide	nt, suicide, or homicide?	Date of	Injury	19
	did injury occur?			
	(S) whether injury occurred in INDI	pecify city or town, c	ounty and State)
- Open	michiel mary occurred in mich	Jorki, ik Home, or	INTODEIG TEN	OE.
Mana	r of injury			
27	of injury			1
- /	disease or injury in any way el	ated to occupation of	deceased?	20-
If se,	specify	1 8		
(igned)	WILL TOO	4 74	M. D.
1	(Address) LSE	minne	us, n	

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Gallstones	May 1,1923	Gastroenteritis	1 year

OF

WRITE

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Open Registration Dist. No. Village or City's Westminster No. a (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?_____yrs.____mos.____ds. Length of residence in dity or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to heve occurred on the date stated above, at _ S _ m Days 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. were as follows: Date of enset 8. Trade, profession, or particuler OCCUPATION kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (yeers) this occupation (month end spant in this occupation _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ... (State or country) FATHER 14. BIRTHPLACE (city or town) -> Name of operation____ (State or country) What test confirmed diagnosis? ----- Was there an autopsy?-----MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Data of injury______19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ Specify city or town, county and State) Specify whether injury occurred In INCUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceased? M so specify Registrar.

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Other contributory causes of importance:	=	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY

V. S. No. 1

STATE (OF	MARY	LAND-	CERTIF	ICATE	OF	DEATH

12024

1. PLACE OF DEATH			92-0	1
County Carroll			Registration Dist. No.	Z
Village or City Lashers U.S. Length of residence In city or town where	death occurred_3	Oyrs mos	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and isds. How long in U.S. If of foreign birth?yrsm	ward number) osds
2. FULL NAME John	Hes	8.8.		
(a) Residence: No	Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate
male This	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH /2 /5 (Month) (Dey)	, 193 考 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Known			22. I HEREBY CERTIFY, That I ettended	decreased for
(or) WIFE of The Penor			,19,to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys	1864 If LESS than	I last saw h alive on, 19, to have occurred on the date stated above, at	
6 9	11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	span	ime (years) It in this Ipation		
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:	
13. NAME Tosalh	De 88		alkeon	
14. BIRTHPLACE (city or town)	1		Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Belina	la L	till	23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	;
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) # 6 R F D. 14. 8	d. Erri	ck had	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL & m Date Dec. 18, 1933			Manner of Injury	
19. UNDERTAKER Hankard Hora			24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED 17/7, 1933	wes.	Registrar	(Signed) 129 House Ex	2011

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	93-0
County Carroll	Registration Dist. No.
Village or City Lykesville	No. Shringfreed state Hophital St. Ward
()	death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. if of foreign birth? 19 yrs. 4 mos. 1 ds. ds.
2. FULL NAME George Honeskyro (Pyw.	ko Hackysa)
(a) Residence: No. 25 Cedar Street (Usual place of abode)	St., Ward. Baltimone Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Mceufer 2/2 , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	AND THE PERVICE PRIEW. That I altered a format
(or) WIFE of wyland	22. I HEREBY CERTIFY. That I attended deceased from Furnary 174 1928 to December 214 1933
6. DATE OF BIRTH (month, day, and year) Unknown hukenown 1885	I last saw him alive on Accender 212 , 19.33; death is said
6. DATE OF BIRTH (month, day, and year) Unknown Menon 1555 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. 30 A m.
48 Ruham Impum I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Way Lobertr SAWYER, BODKKEEPER, etc.	Chrome Muse arditer 17/20
9. Thdustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	,
10. Date deceased last worked at unfurn this occupation (month and year) spent in this occupation occupation	
. ,	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) lunkuron (State or country) Austria	acuto Cardiae Dilatation 12/2.
(Oldie of County)	alue caraise vidianos 124/3
I	un o
4 14. BIRTHPLACE (city or town) Unfavoren (State or country) Markenoven	Name of operation
	What test confirmed diagnosis? WWW Was there an autopsy? Was there an autopsy? Was there are autopsy? Was the was the way of
E 04 10	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
[5] 16. BIRTHPLACE (city or town) Muknown (State or country) Muknown	
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT pringfula state Horfutal (Records) (Address) Sykesville Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Secretaria de la companya del companya de la companya de la companya del companya de la companya del companya della compa	Manner of injury work
19. UNDERTAKER MELL VISOR Jue.	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Syphonica Ma.	If so, specify Polary P. Thomas and
20. FILED Dec 21, 1933 Coffary Thee	(Signed) / Cohery / Harris M.D.
Registrar.	(Address) & 4 Kenrell and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

12026

1. PLACE OF DEATH		9:0
County Carroll	,	Registration Dist. No. 74
Village or City Ly Resort Length of residence in city or town w	where death occurred 22 yrs. 4 mo	No. Imageld of ale Hapital St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number) s. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Harre	1	
(a) Residence: No.	Ballimore md. (Usual place of abode)	St., -Ward Ballimore Ind If nonresident give city or town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Hale 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 5 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(0 ± 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	22. I HEREBY CERTIFY. That I attended deceased from July 262, 19/5, to December 12, 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont 3 3 / 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEPER, etc	ths Days If LESS than 1 day,hrs. ormin.	were as follows: Date of onset ONOTAL
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	town 11. Total time (years) / 0 years 1908 spent in this occupation.	Other Contributory Causes of importance:
(State or country) 2 13. NAME Allen Hor	and vard	- Moine Myocardilis 1928
(State or country)	Virginia	Name of operation None Physical Ryps What test confirmed diagnosis? Westhere an autopsy? No
(State or country) 17. INFORMANT Jungfield sta	murray unknown md. at Hospital (Records) write. Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PHOTOGRAPHICAL TO	M Date Der 7, 1933	Manner of injury
19. UNDERTAKER ALMONIA (Address) 3 6 15-17 3	Charey Her	24. Was disease or injury in any wey related to occupation of deceased? No If so, specify (Signed) Ash M. Morris (Address) (Ash J. H.) Diskleville. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5 1927	Peritonitis	3 days ago
0 0	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Tuly o 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	6,	11	9	7	
1	4	U	4	6	

1. PLACE OF DEATH	108)
County Carroll	Registration Dist. No. 74
Village or City Sylesvelle	No. Springly and State Horseld of street and number)
Length of residence in city or town where death occurred &yrs, 5mos	s. 15 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susan B. Huley (a) Residence: No. Harry Mo	-(23 W. Fraundlin St)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 8 , 193 3 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of William Hurley 6. DATE OF BIRTH (month, day, and year) William -1867	1 HEREBY CERTIFY, That I ettended deceased from 19.25, to December 8th, 19.23. I last saw h alive on December 8th, 19.23.; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted ebove, at \$2.3.9 P.m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Date of onset
Nind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceesed last worked et 11, Totel time (years)	Sobar Preumonia Nov. 21 h.
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town). Usubnocus.	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Wes there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
State or country) 17. INFORMANT Horizonal Records - (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Lagro toure Dete 12/11, 1933	Manner of injury
19. UNDERTAKER Cours when Jones (Address) Hagantown There 20. FILED 19.33 CHarry Street	24. Wes disease or injury In any wey related to occupation of deceased? If so, specify (Signed) M. D. Wignia Beyer. M. D.
Registrar.	(Address) Suffairlle, Maryland -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		THE SECUL R MALCOLLE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

should state

PHYSICIANS

V. S. No. 1 B TION is very important.

	Tuberculosis Sanatorium
County Carroll C	olored Branch Registration Dist. No. 74
Village or City Henryton, Md.	No. (above) St., Ward
0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
readill of legidence in city of town where death occorred	mos. ds. How long in U. S. if of foreign birth?
2. FULL NAME Georgia Anna Jones	
(a) Residence: Np. Upper Marlboro, Pri	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Wildow	
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from Nov., 24, 1933 ₁₉ to Dec., 25, 1933
5. DATE OF BIRTH (month, day, and year) Nov., 7, 186	en Dec 25 1033
1 day,,	/ The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	min. were as follows: Pulmonary Tuberculosis Date of onset
kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	
9, Industry or business in which work was done, as SILK MILL, ON MILL BANK atc	Sept
SAW WILL, DANK, CO.	1933
1D. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation in	
12. BIRTHPLACE (city or town) Brandywine (State or country) Maryland	Dther Contributory Causes of importance:
13. NAME George Booth	
14. BIRTHPLACE (city or town) Brandywine (State or country) Maryland	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy? Ho
15. MAIDEN NAME Rose Hawkins	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Brandywine (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT John E. O'Neill, M. D. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place J. 13. M. & Church Date Dec. 27	Manner of Injury
19. UNDERTAKER ASMITTED TO MARCH A A . 3	24. Was disease or injury In eny wey related to occupetion of deceased?
20, FILED 12/25/3319 Thuy 6. O'les	(Signed) Thu Go Meser M. D.
20, FILED TEL EST	existrar. (Address) / TErrayton rud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		MARGIN	RESER	VED.	MARGIN RESERVED FOR BINDING
N. B.	N. B.—WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANE!	I UNFADIR	VG INK-	-THIS	IS A PERMANE
(mation should be carefully supplied. AGE should be stated EXACT	supplied.	AGE shor	ald be	stated EXACT
T	CAUSE OF DEATH in plain terms, so that it may be properly classified	in terms, so	that it m	ay be	properly classified
)	TION is very important. See instructions on back of certificate.	See instructi	ons on ba	ick of	ertificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	029
1. PLACE OF DEATH	10	043
County Carroll	Registration Dist. No. 75	
Village or City Manchester	No. St.,	Ward
/ 0 //	death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Margaret E. Las	Prott.	
(a) Residence: No. Manchester	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	8
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Temale White Marie d	21. DATE OF DEATH Dec 17 198	(Year)
5a. If married, widowed, or divorced HUSBAND of Gorry J. J. Labrott	22. HEREBY CERTIFY. That i attended dece	ased from
6. DATE OF BIRTH (month, day, and year) aug. 2" 1871	I last saw her alive on Dec 17, 1933; de	ath is said
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the date stated above, at 10 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc	Lobar Premionia 12	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)	Other Contibution Construct Investment	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
13. NAME George al Casaus 2		
14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autop	sv? No
15. MAIDEN NAME Julia a. Riser	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Harry H. J. Lahrott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Manchistur Modate U. Rev. 20, 19.33	Manner of injury	
19. UNDERTAKER Joseph Winkin Saw	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Dec. 19 , 193 5Mrs. Jr. J. S. Denner Registrar.	(Signed) Wresterner (Address) Vucunehestu M	d. M. D.
7.6		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
		in the second se	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WIFT

	1. PLACE OF DEATH	(9)
	County Carroll,	Registration Dist. No.
	Village or City reary Daney town	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residance in city or town whera death occupiedyrs,mos.	ds. How long in U.S. if of foreign birth?wrsmosds.
	2. FULL NAME VILLEW Trancis	Lawrence
	(a) Residence: No. Januation	St., Ward.
	(Usphi place of abode)	If nonresident give eity or town and State
	PERSONAL AND STATISTICAL MARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha Mord)	21. DATE OF DEATH Security 13 100 33
	m w sugle	(Month) (Day) (Year)
5a. I	5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY. Liat I attanded deceased from
8	(or) WIFE of	He 13 1933 to Dec 13 1955
	6. DATE OF BIRTH (month, day, and year) June 15, 1933	Hast saw hasses alive on Dec 13 1933; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 - Pm.
back of certificate	0 5 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
		were as follows:
	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Johan Junnice 2 da.
	9. Industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, etc.	
no	10. Date deceased last worked at this occupation (month and spent in this	
instructions on	year) occupation	Other Contributory Causes of importance:
ctic	12. BIRTHPLACE (city or town)	Murping Cough I had
tru	(State or country)	Letan 3au.
ins	# 13. NAME Willow Lawrence	
See	4 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
SO	(State or county)	What test confirmed diagnosis? Clinical Was there an autopsy? W
nt.	15. MAIDEN NAME Orely W Ce. Coylle	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
1 po	E (Stata or country)	Where did injury occur?
	17. INFORMANT William, aurelice	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
very	(Address) Janey tank.	
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Date Date 1923	Nature of injury
TION	19. UNDERTAKER CLOSUS US SOM	24. Was disease or injury in ally way related to occupation of deceased?
T	(Address) Danly our me.	If so, specify // // // // // // // // // // // // //
1	20 FUED SEC. 15 1033 BONUB. WING	(Signed) Milles A Vifarlie M.D.
1	20. FILED A. 193 Marie Registrar.	(Address) Juny trous Mel
	If more blanks are needed, Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. R.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

infor

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JAN 9 1934						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			1			

state

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

79	6 4	d a	0 11	4)
1	2	U	J	4

1. PLACE OF DEATH	71
County 19 amol	Registration Dist. No. 4
Village or City M. Mes Commests	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
P	
2. FULL NAME A SCHARES Lifty	
(a) Residence: No. Lourney Home	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	12-1- 33
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	10-6- 1933 10 12-1- 1953
6. DATE OF BIRTII (month, day, and year) Left 22 1843	I last saw h elive on 11-28- 1973; death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10 Am.
90 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Cuterio solviosis 19200
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
= 1/1 1/ time decapation (month and	
yeer) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	Face Timpered to Trip 11-25-3
(State or country) to arroll for. Mg.	
13. NAME John & John	
13. NAME John Liphy 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME ACT RNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 4 Known 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accedent. Date of injury 11-25, 19 53
(State or country)	Where did injury occur? Wishmanshe, Caree Co
17, INFORMANT Latin W. Liphy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) (Mestminister) (me).	
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place filmmum very Date de 2 2 , 19.3.3	Nature of Injury Sefung to Lenf
19. UNDERTAKER Bankend from	24. Was disease or Injury in any was related to occupation of deceased?
(Address) Westminster (ng. 1)	If so, specify
20. FILED /2// 1955 Please	(Signed) TYC: Alarge A. M. D.
Registrar.	(Address) Westman Ske

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Gallstones	May 1,1923	Gastroenteritis	1 year

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8.7 04 0333			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH
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12034

1. PLACE OF DEAT	H	O.S. MARTINI	H CORPORATE	948	-
Village or City C	rest	ann	eta	NoSt.,St.,Step death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME 7	ctori	a de,	Ca mo	ontague Lovejoy	S
(a) Residence: No	//	(Usual place of	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female Wor	OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 3 (Year)
5a. If married, widowed, or divording HUSBAND of (or) WIFE of Charles		Loveji	ry	22. I HEREBY CERTIFY, That I attended of	
5. DATE OF BIRTH (month, day, 7. AGE Years 8. 8. Trede, profession, or par	Months	Days	/85Z If LESS than 1 day,hrs. ormin.	to here occurred on the date stated above, at 5 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:	; death Is said
skind of work done, as SAWYER, BOOKKEEP 9. Industry or business in work wes done, as SI SAW MILL, BANK, et 10. Date deceased last work this occupation (monly year)	s SPINNER, ER, etc	I1. Total tin	me (years) t in this pation	Statis religions Probable evenany disease. Other Contributory Causes of importance:	. Lace 1
(State or country)	rauge	les. 7	1.4.		
13. NAME 14. BIRTHPLACE (city or tow (State or country)		own		Name of operation Date of What test confirmed diagnosis? Was there an at	
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country) 17. INFORMANT Ausau (Address)	Muy in) Elm	lenown fenoron loydeng	-	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR RE Place Western	77	Date Del	24,19.23	Manner of injury	
19. UNDERTAKER AB. (Address)	Bring	id to	v1	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	537	your	Registrar,	(Signed) Thereing by the heavy le	an of

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of OCCUPA-

STATE	OF	MARVI	AND-	CERTIFIC	ATE	OF	DEATH
SIMIL	OL	MULLIF	AIND.	CLIVIII	>/\	OI	DLVII

1	6,	10	9	-
1	4	U	0	5

1. PLACE OF DEATH		(FRZ)		
county Carroll		Registration Dist.	No. 14	
Village or City Pykesville	/2 (16	No. Phonghela State Hospit death occurred in a hospital or institution, give its NAME institution.	St., Ward	
Length of residence In city or town where death occurred	yrsmos	. 23 ds. How long in U.S. if of foreign birth?	. yrsds.	
2. FULL NAME Frederick (a) Residence: No. Baltim	nay md.	St., Ward. Baltimone	Million State	
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF		
	MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVO	RCED (write the word)	December	101, 193 3	
5a. If married, widowad, or divorced	gu	(Month)	(Oay) (Year)	
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, 1 November 8th 1920 to Dec	That I ettended deceased from earther 1 19 3 2	
6. DATE OF BIRTH (month, day, and year) October 4	1 tt 1881	I last saw h der alive on Algrenter 12		
7. AGE Years Months Oays		to have occurred on the date stated above, at 5.43 P.	_m.	
52 / 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Importance	
8. Trade, profession, or particular	/.		Data of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, Day C. SAWYER, BOOKKEEPER, etc	wores	Subarachnord Cerebra	l dec. 1st.	
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SAW MILL, BANK, etc	stal time (veges)	with sadden death.		
o this occupation (month and horizon year)	otal tima (years) spent in this process occupation			
0.11.	- Constitution of the cons	Other Contributory Causes of importance:	Dre 1 de	
12. BIRTHPLACE (city or town) Daumere (State or country) Mary la	. d	Pulmonary 6 dema		
11 9. 1			/933	
E		Name of annual hone		
14. BIRTHPLACE (city or town) Unknown (Stata or country) Unknown		What test confirmed diagnosis? Worten finds	Date of	
I	Un	23. If death was due to external causas (VIOLENCE) fill in a		
16. BIRTHPLACE (city or town). Luknowa (State or country)	,	Accidant, suicide, or homicide? Data	or injury, 19	
17. INFORMANT Mangheia state Hospital	(Ro- 1-1	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	, county and State)	
(Address) 2, herrille. Me	(((() ras)	Specify whether injury occurred in the DOSTAT, in notice,	III FUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Tope Town Jun. Date 1	cc, 51, 1933	Nature of Injury		
10 HACERTANER Filles Y Rilles In	u.	24. Wes disease or injury In any way related to occupation	of deceased? Ko.	
(Address) Balthurge V	ud.	If so, specify A. L. 7		
20, FILED Dec 2 1933 CHarry	Steen	(Signed) John A. Morri	√	
20, 116,000	Registrar.	(Andress) (D. J. H) On Resur	U, md.	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
		18			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis A 57 5	1 year		
		14.201			
		1.4 %, 83/			

V. S. No. 1

should state of OCCUPA-

	Maria and the state of the stat				CERTIFICATE OF DEATH culosis Sanatorium	12030	
1.	County Carroll		mer 1 for		ed Branch (23) Registration Dist. No. 74		
	Village or City Hen 1		_	yrs. O mos	ND. (St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs. n		
2.	FULL NAME Eli	za McCu	tcheon	on St.,	Balito., Moda If nonresident give city or town an		
	PERSONAL AND	STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
	Female Cold	red		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Dec., 22, 1933	, 193 (Year)	
5a. If	married, widowed, or divorca HUSBAND of (or) WIFE of	d ====			22. I HEREBY CERTIFY, That I attended Sept., 14, 1933 to Dec., 22,	deceased from	
6. DATE OF BIRTH (month, day, and year) Sept., 14, 1920				. 1920	Hast sew her alive on Dec., 22, 19329 ; death Is said		
7. AG		Months	Days	If LESS than	to have occurred on the data stated above, at 2.35 Am. M.		
	12	3	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1	
8. Trade, pro-ssion, or particular kind of work dona, as SPINNER, SCholar SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, None SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and No. 100). Separation this companion (month and No. 100).					Pulmonary Tuberculosis	Oct.	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and None spant in this None occupation) 11. Total time (years) spant in this None occupation			11. Total tip	ne (years) t in thi None pation		1933	
12. B	IRTHPLACE (city or town) (State or country)	Floren South		na	Dther Contributory Causes of importance:		
ER I	13. NAME	Willia	m McCu	tcheon			
13. NAME William McCutcheon 14. BIRTHPLACE (city or town) (State or country) South Carolina				na	Name of operation Date of What test confirmed diagnosis? Wes thera an	autoney? Vo	
E E	15. MAIDEN NAME	Fannie	Single	etery	23. If death was due to external causes (VIOLENCE) fill in aiso the following		
15. MAIDEN NAME Fannie Singletery 16. BIRTHPLACE (city or town) (State or country) South Carolina			Caroli	na	Accident, suicide, or homicide?		
17. 11	NFDRMANT John E (Address) Henryt	. O'Nei			(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	ate) .ACE.	
18. B	PigeoMA: Augusta	In Enerty	Data /2/	27 ,1933	Mannar of injury		
19. U	NDERTAKED MAD AC (Address) 322	ate R.	Wille	ans,	24. Was disease or injury in eny way related to occupation of deceased?	no	
20. F	12/22/33 ₁₉	Mhou	60	Meel	(Signed) Thus GON	ellim. D.	

Local If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrar.

Deputy

waston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Barroll	Registration Dist. No. 70
Village or City and Cour	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Burgess & mil	ler
(a) Residence: No. Daneyton	St., Ward.
(Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the nord)	21. DATE OF DEATH Signal (Year)
5a. If married, widowed, or divorced HUSBAND of (er) most	22. HEREBY CERTIFY, That I attended deceased from
11.000	NW /3/ ,1933 , to Ver 2nd ,1933
6. DATE OF BIRTH (month, day, and very Self 07, 1854	i last saw hat alive on of the and 1933; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7/30 pm.
79 2 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Returned SAWYER, BOOKKEEPER, etc.	Caremong Stomach Variage
SAWYER, BOOKKEEPER, etc.	Owiemong Romany Vovier
work was done, as SILK MILL at COURT	
kind of work done, es SPINNER, Source SAMYER, BOOKKEEPER, etc. SINDUSTRY OF business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and specific this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Coudinatory Course of Importance.
(State or country)	
13. NAME TO MULLY 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation
(State of cooling)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CLEAN DELEGANE 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / WWO 13. N MILLE	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL 10.	
Presentheran Jarentan Date SUR. 5, 1933,	Manner of injury
la Destina de con	4.71
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
De- 5 33 8 1 8 41 W. O. o.	(Signed) 12. My Benner , M.D.
20. FILED 2000 1920 (1920) July Mary Registrat	(Address) Pan let Thur Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.J. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURKAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

12038

1. PLACE OF DEATH		97)	
County Carrall	~ · · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	74
Village or City Dykesoc	(If	No. Springfield Mate 1	street and number)
Length of residence in city or town where death o	courred		ds.
2. FULL NAME Mary	1 Miller		
- (a) Residence: No. 6 / 8	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DI	EATH
Secrete white	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Security 2 (Month) (Day)	193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Charles Q.	miller.	22. I HEREBY CERTURY. That I	attended deceased from
6. DATE OF BIRTH (month, day, end year)	.11,1862	I last saw here alive on Jec. 28	, 19 2; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 2.25 Am.	
7/ 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	esewife	1	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. lodustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at		arleresseleroses	- 1921
ID. Date deceased last worked at this occupetion (month and year)	this occupation (month and spont in this		
12. BIRTHPLACE (city or town) (State or country)	usu.	Other Contributory Causes of Importence:	
13. NAMERICALES Ne	lan		
13. NAME CLASS CONTROL 14. BIRTHPLACE (city or town)	us m -	Name of operation	Dete of
(State of country)	way/	What test confirmed diagnosis? Was	Co.
15. MAIDEN NAME Jarathy	Strake	23. If death was due to external causes (VIOLENCE) fill in also th	
16. BIRTHPLACE (city or town) Sells (State or country)	mac.	Accident, suicide, or homicide? Date of Inju	iry, 19
17. INFORMANT Application (Address)	Recido	Where did injury occur?	ity and State) 'UBLIC PLACE.
18 BURIAL, CREMATION, OF REMOVAL		Manner of Injury	
Landon Park Da	e Acc 30, 1933	Nature of injury	
19. UNDERTAKER AND Messe (Address)	e son	24. Wes disease or injury in any way related to occupation of dec	:eesed?
20. FILED Dels. 29, 19 33 CH	any Heer	(Signed) Mary M. Kers	M. D.
	Registrar.	(Address) X & Rece elle	- Il-de

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year
- B		
		1

certificate.

See instructions on back of

1. PLACE OF DEATH	(3)
county Carroll Co	Registration Dist, No. 76
Village or City Finksburg Md	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME alice & Mash	3
A TOLL NAME	0. W. 1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 21 Site S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6 shram Mash	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 3 1847	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 a.m.
86 9 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	From Information
SAWYER, BOOKKEEPER, etc	Which I believe to be
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (morth and	Correct The case
- 10 seeabarion (months and spent in this	arid of acute cardide
year) occupation occupation	Other Contributor Caure of Importance.
12. BIRTHPLACE (city or town) 6 and 6 0	Chronic Intertion links
	neplant
13. NAME Jessee Grabster 14. BIRTHPLACE (city or town) Md	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Weekert	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Wichest 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AMUSE Morrisolale	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Pleasant Note Date Dec 14, 1933	Nature of injury
19. UNDERTAKER FELICIES Sens, (Address) Resetention My	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2112-19 33 Alleodowno	(Signed) MRO M.D.
Registrar.	(Address) / Salar ball
If more blanks are needed, address State Hegistrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

	ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DE		F MAR	YLAND-	CERTIFICATE OF DEATH 12040
County Ca	rroll			Registration Dist. No.
Village or City 111	. Warrie	ldsburg		No. St Ward
Length of residence In	aitu aa tawa whasa d	40	(1)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. ff of foreign birth? yrs. mos. ds.
	Frances		th Oring	
2. FULL NAME	***************************************			
(a) Residence: No.		(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH December 26 , 1937 (Yeer)
5a. If married, widowed, or di				
(or) WIFE of Ri	chard Ow	ings		Jan. 1. St. 1931 to DEC 26 1933
6. DATE OF BIRTH (month, o	lay and year) All	cust. 2	1347	Hest saw has alive on 12 26 163 death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at . 12.45 h 1.
86	4	26	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or kind of work don SAWYER, BOOKK	perticular e. as SPINNER.	A 4 17		arterio delegono sulmo
kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK		At Fone		Destistinal Vimonhage onsy
work was done, a SAW MILL, BANK	s SILK MILL,			(903
this occupation (n year)	orked et nonth end	11. Total ti span occu	me (yeers) t in this pation	
12. BIRTHPLACE (city or town (State or country)	11/	ieldsb Forylan		Other Contributory Panges of importance:
13. NAME Sila:	s Chipley	7		
13. NAME Silas 14. BIRTHPLACE (city or (State or country)		land		Name of operation Dete of What test confirmed diagnosis?
15. MAIDEN NAME	Susan 2	Tile		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or (State or country		/land		Accident, suicide, or homicide?
17. INFORMANT Charles E. O.ings (Address) Westminster I.d. R.F.D.			. R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury
Plece Warfield Darr Date Dec. 20, 1933			. 50, 1900	Nature of injury
19. UNDERTAKER (Address)	trancio A	use		14. Was disease or injury in eny way refated to occupation of deceased. It so, specify
20. FILED. 1 3/35	, 33 M	Luso	Je Registraf.	(Signed) Charlet M. D. (Address) Ty Carlottel M. D.
	If more	blanks are needed a	Advere State Registras	2411 N Charles Street Raltimore Paquesting 7) S No.

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Example I		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

19. UNDERTAKER (Address)

should state OCCUPA. 121141

	186-01)	
	Registration Dist. No.	
	death occurred in a hospital or institution, give its NAME instead of street and the death. ds. How long in U.S. If of foralgn blrth?	
sh.		
4	St., Ward. If nonresident give city or town and	State
RS	MEDICAL CERTIFICATE OF DEATH	
DOWED, he word)		, 193 <u>3</u> (Year)
	1 HEREBY CERTIFY. That I attended The state of the state	deceased from 24,19 33
ESS than hrs. min.	to have occurred on the date stated above, 12:30e m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
red)	Ity postalie Premovea	12/18/33
s)	Other Contributory Causes of Importance:	
***	Fraction - Pelvis - face Rown	14/1/13
	Name of operation Date of	
	23. If daath was dua to external causas (VIOLENCE) fill in also the following Accident, suicida, or homicide? Date of Injury	:
- j	Whera did Injury occur?	ACE.
1,1933.	Manner of injury	
P	24. Was disaasa or Injury In any way related to occupation of daceasad? If so, specify (Signad)	M. D.
egistrar.	(Address) Westerwster Mo	agoust,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12042
infor- state UPA-	1. PLACE OF DEATH	59
C) of place	County Carrolly	Registration Dist. No.
item of should of OCC	Village or City Hampole and	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrs	
CORD. Every PHYSICIANS act statement	2. FULL NAME Baby" Panish	
SICI ater	(a) Residence: No. Homestead	St., Ward.
RECORD. PHYSI Exact stat	(Usual place of abode)	If nonresident give city or town and State
RECO Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12, 27, 193 3
KG TLY TLY ied.	5e. If merried, widowed, or divorced	(Month) (Day) (Yaar)
AN C C Sife	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
BINI ERM. EXA class	P. 05 1922	Occ. 24, 1933, to Dec 27, 1938
E E E	7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 6/1
FOR BI	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro pro	8. Trada, profession, or particular	were as follows: Date of onset
ED HIS be be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premalurelap
RVI COULD	N. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	4.
RESERVED GINK—THIS GE should be that it may be ons on back of	10. Data daceased last worked at 11. Total time (yeers)	Maldevelofisment
RES VG IN AGE that ons o	this occupation (month and spent in this occupation occupation	
7 4	12. BIRTHPLACE (city or town) Humbole and	Other Contributory Causes of Importance:
MARGIN I UNFADI supplied. n terms, so	(State on country) Maryland	
MARGI UNFA supplied n terms,	13. NAME Vernow Parish	
A D H A	13. NAME (Grand Concept) 14. BIRTHPLACE (city or town)	Name of operation
Pai s	(State of country)	Whet test confirmed diagnosis?
w W in in ann ann	15. MAIDEN NAME will Mary White 16. BIRTHPLACE (city or town) Hampel and	23. If deeth was due to axternal causes (VIDLENCE) fill In elso the following:
LA Cal	O 16. BtRTHPLACE (city or town) Thursday (Stata or country)	Accident, suicide, or homicide?
AINLY, Id be can DEATH y import	7. 7. 7.11-11	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
S PLA Should OF D	17. INFORMANTINO The Attention (Address) Aunitolead Mid	
Shou E OF	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
	Place of Accumulate for the first 190	Nature of injury.
/** / / / / / / / / / / / / / / / / / /	19. UNDERTAKER Edul Applem	24. Was disease or Injury In any way related to occupetion of deceased?
N. Ko.	(Address) Herrifster My	If so, specify
* Z (B)	20. FILED Dec. 21, 19 33 Mildred & Hughe	(Signed) Agricultural M. D. (Address) Principles and M. D.
		, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	11.10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Corebral hemorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 9 10'M			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12043
1. PLACE OF DEATH	(B2-01)
County Carroll	Registration Dist. No.
Village or City All Utmaaa	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
(a) Residence: No. New Windson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PLYORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Cocker Petry	22. I HEREBY CERTIFY, That I attended deceased from ,19, to,19
6. DATE OF BIRTH (month, day, and year) June 25 1869.	I lest sew h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 R.m.
64 3 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession/or particular kind of work done, as SPINNER,	appoplexy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked etc. 11. Total time (years) this occuration (month and	
10. Date deceased lest worked et this occupation (month and 146/933 spent in this page)	
12. BIRTHPLACE (city or town) Lew winds	Other Contributory Causes of importance:
# 13. NAME Sharrid Petry	
14. BIRTHPLACE (city or town) Allw youlsan	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Ruth wath 16. BIRTHPLACE (city or town) Pew gwinksor (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Plu Juntasor	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Pearl Petry James Andrews	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Attillers Conselan Date 72 14 1933	Manner of Injury
19. UNDERTAKER & Harrier Aser M.	24. Was disease or injury In any way related to occupation of deceesed? If so, specify
20. FILED General, 1933 Cresia & Benedict. Registrar.	(Signed) Twees. In Magneton acting Comments

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- April 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	. Peritonitis	3 days ago
BUNDAU V B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of OCCUPA-

1. PLACE OF DEATH County Carroll Maryland Tube Color					erculosis Sanatorium red Branch Registration Dist. No. 74	
	Village or City Hell	nryton,	Md.		No. St.	Ward
) yrs O mos	death occurred in a hospital or institution, give its NAME instead of street and n. 27 ds. How long in U.S. if of foreign birth?mo	umber)
2	. FULL NAME E	lla May	Pinkert			
	(a) Residence: No.	Federals	(Usual place	aroline of abode)	Cost., Md • Ward. If nonresident give city or town and	State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or ed	5. SINGLE, MARI OR DIVORCED Marri	RIFD, WIDOWED, (write the word)	21. DATE OF DEATH December 14, 1933 (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	Algie"Pi	lnkert		Nov., 17, 1933, to Dec., 14,	deceased from
6.	DATE OF BIRTH (month, day	y, and year) May	7 25, 19	911	lest saw h er alive on Dec. , 14, 19339	; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7.00 A.M.	
	22	6	19	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.				Fullmonary rubercurssis	Aug
OCCUPATION	9. Industry or business in	which	1 1			1933
CUF	work was done, as S SAW MILL, BANK,	etc	r n	ouce		
00	10. Date deceased last worthis occupation (mo year)	ked et nth and	Unkan	me (years) (tin this batish		
12	BIRTHPLACE (city or town)		1,		Other Contributory Canses of importance:	
_	(State or country)	Maryle	ind.			
HER	13. NAME W1111	am Satte				
FATHER	14. BIRTHPLACE (city or to		cord,		Name of operation	
I-	(State or country)		Maryland	1.	What test confirmed diagnosis? Was there an a	utopsy?_Us
HER	15. MAIDEN NAME RO				23. If death was due to external ceuses (VIOL ENCE) fill in elso the following	
MOT	16. BIRTHPLACE (city or to	own) COII (cord,	n d	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Maryland. 17. INFORMANT John E. O'Neill, M. D.					Where did injury occur?	
17	(Address)	enryton.	, Ma.	ν•	Specify whether injury occurred in INDOSTAT, in Home, of the Occiones	101.
18	BURIAL, CREMATION, OR	REMOVALS	e A.	15 1932	Manner of injury	
6		0	Date	, 1952	Nature of injury	7.
19	UNDERTAKER The	7 -50	no de	ue,	24. Was disease or injury in any way related to occupation of deceased?	uo.
	(Address)	record	gen	od.	If so, specify	. /
20	FILED 12/14/33	19 1	466	Meece	(Signed) Must Market	Zugl.
1		Dopu	Ly Loca	Registrar.	" (nudless)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	[Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	3 days ago
14 N - 9 - 1694			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF I	DEATH
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15/11/15

1. PLACE OF DEATH	SERVINIENTE OF BEATTY II
County Earroll	Registration Dist. No.
Village or City Pleasant Valler	No. Angla & to Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara death occurradyrs,mos	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Sarah Jennette	1 Towell
(a) Residence: No. Olean and alley (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female While married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of Robert, & Rowell	1 HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Ina 9-1871	Hast saw h ev alive on Dece 27, 1933; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, aVISYO_Q_m.
62 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Menuca 21ta
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
o this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Zasaff To	Other Contributory Conses of importance:
(State or country) Mayland	Dialete MOVIton 57
13. NAME Elhriam x seser	artem Selwin 745
13. NAME Chriam & Deser 14. BIRTHPLACE (city or town)	Name of operation nous Date of
(State of country)	What test confirmed diagnosis? Chiminal Was there an autopsy? 200
15. MAIDEN NAME Sarah Milling 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT Thought, & Powell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) arestrainty and P. L.	
18. BURIAL, CREMATION, OR REMOVAL Place Survey Date Sec 30, 1933	Manner of Injury
On a little 10 a sail	Nature of Injury
19. UNDERTAKER AND	24. Was disease or injury In any way related to occupation of deceased?
12/4 C 43 The	(Signed) Millian A Martin M. D.
20. FILED 199 Registrary	(Address) Jacustiones Wed
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Signed)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state of OCCUPA-

2	6 .	6 .	1	6.45
-21	2		4	6
-A	~	0	1	66

1. PLACE	OF DEATH	Maryla	and Tuber			rium		3 7 0 7 8
County	Carroll		Colored	Branch	(23)	Registratio	n Dist. No. 74	1
Village or	City Henryton					Ve) otion, give its NA!	ME instead of street at	Ward
	esidence In city or town wher		yrs, with mos	ds. How	v long in U.S.tf o	or roreign birth?	угѕ	_mosds.
2. FULL N	MINIE	Saunders				-		
(a) Reside	ence: No. St. In	igoes, St (Usual place	Marys of abode)	Cost., Md	. Ward.	If nonreside	nt give city or town	and State
	NAL AND STATIS			ti.		ERTIFICAT	E OF DEATH	1
3. SEX Male	4. COLOR OR RACE		RIED, WIDOWED,) (write the word) LE	21. DATE O		Dec.,]	19, 1933	, 193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			June 3 0	HEREBY , 1933	CERTII	FY, That lattend Dec., 19,	ded deceased from
6. DATE OF RIRTI	H (month, day, and year)	Aug., 30,		l last saw h in	n alive on D	ec., 19	1933,	: death is said
7. AGE Y	ears Months 23	Days	If LESS tran 1 day,hrs. ormin.	The PRINCIPAL	CAUSE OF DEAT	TH and related ca	30 A. M.	
8. Trade, pro kind of SAWY	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Laborer	7	ŀ	Pulmona	ry Tube	erculosis	3
SAW N	r business in which was done, as SILK MILL, MILL, BANK, etc	Unknowi		-				Apr. 1933
- III CIII O C	ased last worked at nkn cupation (month and nkn	OWN 11. Total ti	me (years) it in this II KNOW pation	n				
12. BIRTHPLACE ((State or co	City of towny	Inigoes yland		Other Coutribute	ery Causes of impo	ortance:		
13. NAME	Wil	liam Saur	nders					
		Inigoes yland		Name of operation			Date o	-7
15. MAIOEN	NAME Ess	ie Shubro	ooks	23. If death was d	lue to external car	uses (VIOL ENCE)	fill In also the follow	wing:
		Inigoes yland		Accident, suicide			Date of injury	
17. INFORMANT	John E. O Henryton,	'Neill, N	i. D.	Specify whether	injury occurred i	(Specify city in INDUSTRY, In	or town, county and HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREM	ation, or removal M	Date Dec	2/193	Manner of Injury Nature of Injury				
19. UNDERTAKER (Address)	System	year)	nd:	24. Was disease of	-	way retated to occ	supation of deceased?	uv.
20. FILED 12/	19/33 ₁₉ De	puty Loca	Hell! Registrar.	(Signed)	dress)	Mus	Janesy to	oul in. D.
	If mo	re blanks are needed, a	ddress State Registrar,	2411 N. Charles Str	rest, Baltimore, R.	equesting V. S. N	Vo. 1.	/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset . 1915 . 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
		1 week ago
1921	Paus avan has almost ann	
	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		4
	May 1,1923	

County Carried Registration Dist. No. Village or City Westmander St., W. Length of residence In city or town where death occurred 40 yrs. mos. 2. FULL NAME Market Means St., Ward. (a) Residence: No. 19.0 & Secretary St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (winic the word) The market Mushap of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (widowed, or divorced HUSBAND of (or) Wife of St. If merried, widowed, or divorced HUSBAND of (widowed, or divorced HUSBAND of (wid	1. PLACE OF DEATH MITHIN CO			(131)		1404
Village or City. Mathematical (if death occurred in a hospital or initiation, aver in NAME instead of street and number?) Length of residence in city or town where death occurred. 4.9. yrs. mod. ds. How long in U.S. if of foreign birth? yrs. mod. 2. FULL NAME Manual Control of the con		Allenas	B4:14	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	6
2. FULL NAME (a) Residence: No. / 9. 0. 5. Sept. (b) Residence: No. / 9. 0. 5. Sept. (c) Residence: No. / 9. 0. 5. Sept. (d) Residence: No. / 9. 0. Sept. (d) Re		noter	(1	No. 190 E, 5 f death occurred in a hospital or ins	Salitution, give its NAME instead of street	t., Ware
(a) Residence: No. / 9 0 S (Usuaplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKEED, WIDOWED, OR DIVORCED (write the word) Fernale White S. SINGLE, MARKEED, WIDOWED, OR DIVORCED (write the word) The PRINCIPAL CAUSE OF DEATH Winshalp S. II merried, widowed, or divorced HUSSAND (Month) Personal White S. SINGLE, MARKEED, WIDOWED, OR DIVORCED (write the word) The PRINCIPAL CAUSE OF DEATH White S. II HER BY CERTIFY. That I ettended decessed in 1923. It is tawn which work was done, as SILK MILL, SAW MILL, BANK, etc. 1923. I HER BY CERTIFY. That I ettended decessed in the very series of colors. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as done, as SILK MILL, SAW MILL, BANK, etc. 1933. Saw Year. 1934. Jest the second on the date stated above, et. 1.0. +0. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Were as done, as SILK MILL, SAW MILL, BANK, etc. 1935. SAWYER, BOOKKEEPER, etc. SAWYER,						
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWDD, OR DIVORCED (write the word) Female White 193 21. DATE OF DEATH (Nonth) (104) 193 22. I HER EBY CR T I FY. That I ettended deceased of HISBAND or MILES than I day, and yeer) (10 ATE OF BIRTH (month, day, end yeer) March 6 - (5 7 3) 7. AGE Years Months Days 1 I LESS than I day, and of word done, as SPINNER, or min. SAW MILL, BARK, etc. 10 Dete deceased last worked et this occupation (month and year) occupation Other Ceatribatory Canses of importance. (11. Total time (years) spini in this occupation (month and year) occupation Other Ceatribatory Canses of importance. What lest confirmed diagnosis? Was there an aulopay? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL Plece. MASAMMANAM. Date. July 193 Manner of Injury Nature of Injury Na			caner			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced (nor) wife of 6. DATE OF BIRTH (month, day, end yeer) March 6 - 1973 7. AGE Years Months Days 11 LESS than 1 dey,hrs. ormin. 8. Trade, profession, or perticular SAWYER, BOOKKEEER, etc. 3. SIKK MILL, SAWMULL, SAWMUL, SAWMU	(a) Residence: No. 7. 7. 0 C		of abode)	St., ward.	If nonresident give city or tow	n and State
Fernale White OR DIVORCED (write the word) 3a. If merried, widowed, or divorced HUSBAND or Cory buffe of Cory buf	PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL	the second secon	
55. If merried, widowed, or divorced HUSBANO (or) WIFE of 1973. 6. DATE OF BIRTH (month, day, end yeer) March 6 - 1873. 7. AGE Years Months Days If LESS than I day,	~	OR DIVORCED	(write the word)	21. DATE OF DEATH	cumber 7	, 193 2 (Year)
6. DATE OF BIRTH (month, day, end yeer) March 6 - 1873 7. AGE Years Months Days If LESS than 1 dey,	HUSBAND of					
6. DATE OF BIRTH (month, day, end yeer) March 6 - / 8 7 3 7. AGE Years Months Days If LESS than I dey, hrs. or. min. 8. Trade, profession, or perticular, said of work done, as SPINNER, sawrer, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Clementary 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Plece William Months 19. Jack State or country) 18. BURIAL, CREMATION, OR REMOVAL Plece William Months Date of 18. 73 It last saw h 2 alive on head at stated ebove, et 10. 45 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were est closures. The PRINCIPAL CAUSE OF DEATH end related causes of importence were est closures. The PRINCIPAL CAUSE OF DEATH end related causes of importence were est close to state of a low or of the date stated ebove, et 10. 45 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were est close. 19. Jack State of Death end related causes of importence were est close of importance of importanc	(or) WIFE of			mar 5		
TAGE Years Months Days If LESS than 1 day	6. DATE OF RIRIH (month day and year) 201	- ch 6	- 1672	Liast saw had alive on	And a 1 Mars	
8. Trade, profession, or perticular kind of work dome, es SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, es SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 1. Do bet deceased last worked et this occupation (state or country) 1. BIRTHPLACE (city or town) 1. Say and the test confirmed diegnosis? 1. Was there an au'opsy? 1. Maiden Name 1. Specify city or town, country and State) 1. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1. Mainer of injury 1. Namer of injury 1. Nature of injury 1. Nature of injury					0	Zaran, deeth is ser
8. Trade, profession, or perticular kind of work done as SPINNER, Novel 9 SWINNER, NOVEL 9	60 9	1		The PRINCIPAL CAUSE OF DE		
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Plece. Washington 19. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 12. Dete deceased last worked et this occupation 19. Other Contributory Canses of importance? 19. Other Contributory Canses	8. Trade, profession, or perticular			Chronic	Interstitus !	Date of onse
Other Contributory Canses of importance? 12. BIRTHPLACE (city or town) (State or country) 13. NAME (State or country) 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) SAWYER, BOOKKEEPER, etc.	one		nephrit	ia:	1930	
12. BIRTHPLACE (city or town) & warshing the country of the contributory Canses of importance? 13. NAME & country of the coun	9. Industry or business in which work was done, es SILK MILL,					
Other Contributory Canses of importance? 12. BIRTHPLACE (city or town) & Garasell & Contributory Canses of importance? 13. NAME & Canver Officiard 14. BIRTHPLACE (city or town) & alternary (Stete or country) & margard 15. MAIDEN NAME & Lementary & Margard 16. BIRTHPLACE (city or town) & arroll & One of contributory & Canses of importance? 17. INFORMANT & Canver Officiard 18. BURIAL, CREMATION, OR REMOVAL Plece & Washington Date & Alex & One of Injury Nature of Injury	- I a timo occupation (month and	spen	t in this	Cardiac	Dilatation	1933
13. NAME Scance Observed 14. BIRTHPLACE (city or town) Balterius (Stete or country) Mangland What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Clemential Anader 16. BIRTHPLACE (city or town) Barruel Co (Stete or country) Mangland 17. INFORMANT Angland State) 18. BURIAL, CREMATION, OR REMOVAL Plece Management Date Lles (10, 1933) Manner of Injury Nature of Injury Name of operation What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury	12. BIRTHPLACE (city or town) & GARTENS	el two		Other Contributory Canses of in	mportance:	1932
What test confirmed diegnosis? Was there an au'opsy? 15. MAIDEN NAME Clementary Anador 16. BIRTHPLACE (city or town) Carroll Co O (Stete or country) Maryland What test confirmed diegnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury, 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Or estimate 18. BURIAL, CREMATION, OR REMOVAL Plece Westmander Date Llee (1, 19.33) Nature of Injury Nature of Injury	1	Il-inse	2-			
What test confirmed diegnosis? Was there an au'opsy? 15. MAIDEN NAME Clementary Anador 16. BIRTHPLACE (city or town) Carroll Co O (Stete or country) Maryland What test confirmed diegnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury, 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Or estimate 18. BURIAL, CREMATION, OR REMOVAL Plece William Date Llee (10, 19.33) Manner of Injury Nature of Injury Nature of Injury	I DIPTIPLACE COLUMN B COT			Name of according Of	1000	
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17. INFORMANT WWA Abruser (Address) Westming 18. BURIAL, CREMATION, OR REMOVAL Plece Westming Date Lee 10, 1933. Nature of Injury Nature of Injury	E (State or country) M. care	pland				
18. BURIAL, CREMATION, OR REMOVAL Plece Washnington Date Llee (0, 1933. Nature of Injury	17. INFORMANT avma sl	river		Specify whether injury occurred	(Specify city or town, county and In INDUSTRY, In HOME, or In PUBLI	d State) IC PLACE.
Plece Wishnisster Date Llee 1.0.,19.33. Nature of Injury	700077	ata				
value of injury.		1000	10	Manner of Injury		
19. UNDERTAKER NO Cankard + Son 24. Wes disease or Injury in any wey related to occupation of deceased? 220	riece. V. E. M. J. V. D. V. J.	. Date. July		Nature of Injury		
(Address) Mistringto mid If so, specify		d + Son	1		wey related to occupation of decease	d? 110
20. FILED Sylver Signed (Signed) Chab R Faul (Address) Malur (Address) Malur (Address)	10. FILED 0, 1920	luo.	Registrar.		Estants.	MIL!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[]	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OF DEATH	1			- 148	20010
	County Carroll				Registration Dist.	No. 78
	Village entry nea	ar Winfi	eld	- R.F.D.	Wans tminster,	St., Ward
	Length of residence in city			(1)	death occurred in a horpital or institution, give its NAME inste	
	2. FULL NAME				To the state of th	.,,1303.
•	(a) Residence: No. 83				3 m Ohn & BED Ward	
-	(a) Residence: NoQ	The with distributed	Usual place	of abode)	imStre, Md Ward. If nonresident give c	ity or town and State
	PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3.	SEX 4. COLOR	OR RACE 5		RIED, WIDOWEO, D (write the word)	21. DATE OF DEATH	2011
_	The state of the s	lack	Si	ngle	. December (Month)	(Day) (Year)
5a.	if married, widowed, or divorce HUSBANO of (or) WIFE of	d			22. I HEREBY CERTIFY, T	
					, tv, tv,	e 165 , 1933
	DATE OF BIRTH (month, day, e			1	i last saw h_ST_ allve on DEC 1600	, 20, 00011110 3010
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atAc_ The PRINCIPAL CAUSE OF DEATH and releted causos of i	
	D Toods	8	55	ormin.	were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or parti kind of work done, as SAWYER, BOOKKEEPE	SPINNER.	none		leaper ary o's nonchite	Dre 14
	3. Industry or business in w work was done, es SIL	hich			3 - 10 - 3 - 10 - 10 - 10 - 10 - 10 - 10	~
CC	SAW MILL, BANK, etc.					
0	10. Date deceased last worke this occupation (month year)		spar	me (years)		
_	year)	Del		pation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)		timore vland			
2	13. NAME JOI					
FATHER		D : 1			Name of acception	
FA	14. BIRTHPLACE (city or town (State or country)	V			Name of operation	
ER	15. MAIDEN NAME G	ladys S	mith		23. if death was due to external causes (VIOL ENCE) fill in ai	
MOTHER	16. BIRTHPLACE (city or town	Matt	hews		Accident, suicide, or homicide? Date o	
Σ	(State or country)	-	a.		Where did injury occur?	
17.		dys Smi		1+0 Md	(Specify city or town, Specify whether injury occurred in iNDUSTRY, in HOME, o	r in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REM	OVAL	AVC. DO.	I GO ANICL	Manner of injury	
	Piece Fairview	Cemty.	Oate Dec.	2011, 1933.	Nature of injury	
10	UNDERTAKER 6.7	n. Wall	12.		24. Was disease or injury in any way related to occupation of	of deceased? Zoo
13,		ufield	O. med		If so, specify	7
20	FILED /2-19-, 19	33 6	mis	arrev	(Signed) Z. lo Dutel	4
8.00	, , , , , , , , , , , , , , , , , , , ,		-/100	/ Revistrar.	(Address) Ven, Winds	an Trud;

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F)
County Carroll	Registration Dist. No.
Village or City Westminster	No. 178 Perm ave St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME O. Firank Daniel	45
(a) Residence: No. 178 Pen ave	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thate Marie Marie M.	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Waisy snyder	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) Aula 13 - 1861	I last saw h alive on Dec 8
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ & £45_m.
2 2 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIII.	Were as Indows: Out of one of the state of t
SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Carrall Ceu (State or country) maryland	Other Contributory Cases of importance: Wroning Mulestitude Meffert 19133
13. NAME Scorge snight	
13. NAME George snyker 14. BIRTHPLACE (city or town). Carrull Co (State or country) Opp arnland	Name of operationOate of
15. MAIDEN NAME Corinda stamples	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carroll Co (State or country) mars Land	Accident, suicide, or homicide?
17. INFORMANT This dlang song dor	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place DI Traders Oate Llex 1.1 , 1923	Manner of injury
19. UNDERTAKER 7 + B. curburd + 5 pm. (Address) Westmunster md	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO / 2/9, 1923 Mileodium. Registrar.	(Signed) Chao'Re Fout M.D. (Address) Washington M.D.

* 6 . P ()

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	Example I	7 i	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 1	2	11	1	1	
1	0	U	U	1	

1	. PLACE OF DEATH	45) 1/
	County Carriel	Registration Dist. No. 26
	Village or City Reese hear Westment	NoSt.,Ward
	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	e - 1 nt	ds. How long in U.S. if of foreign birth?yrsds.
2	FULL NAME SEORGE 17 Man	(
	(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W. Chowed	21. DATE OF DEATH (Month) (Dev) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of MANY Stark	22. I HEREBY CERTIFY, That i attended deceased from
6. 1	DATE OF BIRTH (month, dey, end yeer) self 6 - 1853	I last saw h alive on Lee, 12 , 1933; death is said
7. /	GE Years Months Days If LESS than I day,	lo have occurred on the date stated above, at
	80 1 3 1 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	Carenona of lower about
OCCUPATION	SAWYER, BOOKKEEPER, etc	jant vone, apparents, primus man 193
UP	work wes done, es SILK MILL, SAW MILL, BANK, etc.	from Nove
000	10. Date deceased last worked at this occupation (month and year)	
	DIRTURE ACT (situate Anna)	Other Contributory Causes of Importance:
14.	(State or country) Maryland	
ER	13. NAME Solomen Staub	
FATHER	14. BIRTHPLACE (city or town)	Name of operation since I trave for chaque Date of may 173. What test confirmed diagnosis? Microsofte Was there an autops to
ER	15. MAIDEN NAME agnes Stewart	23. If death was due to external causes (VIOLENCE) fill In elso the following:
MOTHER	16. BIRTHPLACE (city or fown) (State or country) mankend	Accident, suicide, or homicide?
17.	INFORMANT Mes Edma Caples (Address) Westminster mid	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Unisorly und Date Dec 28, 1933	Nature of injury
19.	UNDERTAKER 74Bankerd +500 (Address) westwington md	24. Was disease or injury in any wey related to occupation of deceased? Lo
20.	FILED 2/27, 19. 3. J. Alleroden Registrar.	(Signed) C. J. Sullingsten M. D. (Address) Westmindster, and

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	Example I		Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JAN 6 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUBEAUTO	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MAR	YLAND-	CERTIFICAT	TE OF	DEAT	Н	12052
1. PLACE OF DEATH		22-6	9		4	1
County Caroll	RPORATE LLWITS		Reg	sistration Dist	. No/	6
Village or City Mistminister		No	11.6	run	St.,	Ward
Length of rasidence in city or town whare death occurred	- VIS. 8 mos	death occurred in a hospital			yrsr	
4/1 0	1. 1+	Jusque)				
2. FULL NAME TYLLER AL	ac X re	St., Ward.				
(a) Residence: No. (Usual place	e of abode)	St., Wate.	lf :	nonresident give	city or town an	d State
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	AL CERTI	FICATE O	F DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MAINTER OR DIVORCE	RRIED, WIDOWED.	21. DATE OF DEA	Vecum (Mont	Ler (h)	18, (Day)	, 193 3 (Yaar)
5a. If married, widowad, or divorcad HUSBANS OF (or) WIFE of		22. OI HER	EBY CE		That attanda	d dacaased from
alila	95.	I last saw has alive	000	10	19.3	5: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to heve occurred on tha d		at / 1/3	Em . Iso	, death is said
82 8 9	1 day,hrs.	The PRINCIPAL CAUSE (fimportanco	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	18 _	Amelie	e. 46	acon	malage	_
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	9 Industry or husinass in which					
SAW MILL, BANK, etc	tima (yaars)					
	ant in this					
10 DIDTURE ACT (city or town)	^	Othar Contributory Cause	of importanca:	Have		
12. BIRTHPLACE (city or town) (State or country) (State or country)	0			-1-1/		
13. NAME Cesse Selveiger						
13. NAME (see Selvinger) 14. BIRTHPLACE (city or lown)	A	Nama ef oparetion			Date of.	
(State of country) Manykan	Ł/	What tast confirmed diagr	osis?		Was thera ar	autopsy?
15. MAIDEN NAME Elystick Myor 16. BIRTHPLACE (city or town) (State or country)	ly	23. If death was dua to ext	arnal causas (VI	OLENCE) fill in	also the followi	ng:
0 16. BIRTHPLACE (city or town)	1	Accident, suicida, or homi	cide?	Dala	of injury	, 19
(State or country)	ut)	Whare did injury occur?_	(Spi		n, county and Si	
17. INFORMANT All Cash J. Malene (Address) Westuriusten.	Wed.	Spacify whather Injury oc	currad in INDUS	STRY, in HOME,	or in PUBLIC F	LACE,
18. BURIAL, OREMATION, OR REMOVAL		Manner of injury				
Placa Tridus Sulley Data Al	C. 70, 1933	- Natura of Injury				
19. UNDERTAKER Je Francis Reise (Address) Wisturinstin	med	24. Was disease or injury	in any way relat	ed to occupatio	n of deceesed?.	ov
20. FILED 2/9, 133 Alches	Registrar.	(Signed) (Addrass)	horde	Veston	1608	m. c
If more blanks are needed,	, address State Registrer	, 2411 N. Charles Street, Balti	mole, Requesting	V. S. No. 1.		

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JAN O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

NFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- oplied. AGE should be stated EXACTLY. PHYSICIANS should state erms, so that it may be properly classified. Exact statement of OCCUPA- instructions on back of certificate.	1. PLACE OF DI County Village or City Length of residence 2. FULL NAME (a) Residence: N
NAANENT RECC X A C T L Y. PF classified. Exact	3. SEX 4. C The least of the second of the
HS IS A PER be stated E I be properly of certificate.	6. DATE OF BIRTH (month 7. AGE Years 8. Trade, profession, kind of work di
GE Should be that it may be no back o	SAWYER, BOOK 9. Industry or busine work was done, SAW MILL, BAI 10. Date deceased last this occupation year)
	12. BIRTHPLACE (city or to (State or country) 13. NAME 14. BIRTHPLACE (city
NLY, WITH In carefully surath in plain mportant. See	(State or count) 15. MAIDEN NAME 16. BIRTHPLACE (city of State or count)
WRITE PLAINLY nation should be caracter of DEATH	17. INFORMANT (Address) 18. BURIAL, CREMATION, CPlace 19. UNDERTAKER
HOH	(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2053
1. PLACE OF DEATH	The state of the s	
County Carroll	Registration Dist. No.	3
Village or City Museus Dista.	No. St.	Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME (Mlam f) low	us stoneyer	
(a) Residence: No.	St., Ward.	C
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male White OR DIVORCED (write the word)	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, end year) Oct. 1, 1933	1 0 0 0 1 :- 5	: deeth is sald
7. AGE Years Months Days LESS than	to have occurred on the date steted above, at 2. 2m.	, decti is said
0 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trade profession or particular	were as ronows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
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0. Date deceased last worked at this occupation (month and spant in this	BANNELD Parlinger	Da 21
year) occupation	Other Contributory Causes of importance:	33
12. BIRTHPLACE (city or town) Silyst Run	out of the state o	
(State or country) Canalla. Mac.	Jastro enteritis	Dec 8
13. NAME The Tonesife		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	u!opsy?
15. MAIDEN NAME Couch Soules	23. If deeth wes due to external causes (VIOLENCE) fill in also the following	•
15. MAIDEN NAME Solith Bours 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Canal & mcl.	Where did injury occur?(Specify city or town, county and State	.)
17. INFORMANT John Stonesifer (Address) Westimmsler Mrd. PD;	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Sulle IIII Oate Dec 1219.33	Nature of injury	
19. UNDERTAKER	24. Wes disease or Injury in any way related to occupation of deceased?	
20. FILEO Lec. 22nd: , 1933. Colon De tensus.	(Signed) Swid Sold	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	and the

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The second second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

of OCCUPA.

1. PLACE OF DEATH		97)	,
County Carerall		Registration Dist. No.	4
Village or City Ly Reswelle	/14	Ne pringfuld Klade Herope	
Length of residence in city or town where death occurred	6 /	death opported in a hospital of institution, give its NAME instead of street and in ds. How long in U.S. if of foreign birth?	
2. FULL NAME Exicle &	1111000		
(a) Residence: No. Suches a	10	St., Ward. Frederick M.	1
(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Marcels 7	. 1849		death is said
7. AGE Years Months Deys	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
0 7 9 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, hacease SAWYER, BOOKKEEPER, etc	mark.		
A 9-Adustry or business in which		(1 refer ; 00 plus is	1910
work wes done, as SILK MILL, SAW MILL, BANK, etc.	<i>U</i> –		1. 4
a - F & Composition (months offer)	time (yeers) ent in this upation		-
17-20-1-11	Co	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Waly lace (State or country) Mary lace	1		-
E 13. NAME Leha T Verell	u		
13. NAME 14. BIRTHPLACE (city or town). Queen 14. BIRTHPLACE (city or town).	elis	Name of operation Date of	
(State of country)	ud	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Macy Name	Law	23. If death was due to externel causes (VIOLENCE) fill In also the following	:
0 16. BIRTHPLACE (city or town)	A 49	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Marchan	-	Where did injury occur? (Specify city or town, county and Stat	
17. INFORMANT A CAPELLA (Address)	raldo	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE,
18 BURIAL, CREMATION, OR REMOVAL	2 22	Manner of injury	
Judenille Mil. Date De	c. 9 ,19.33	Nature of injury	
19. UNDERTAKERS Hazey & Carly	,	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Guldwick 2	ua.	If so, specify	
20. FILED Dec. 7, 1933 assary	your	(Signed) Raud, M., Cesa	M. D.
	Registrar.	(Address) Suffice wills	Col .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	9	Example II			
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	JAN 9 1024	July 5,1927	Peritonitis	3 days ago		
	THE PROPERTY OF					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

B.

should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1205.
1. PLACE OF DEATH	(D) 82
County Carroll	Registration Dist. No.
	NoSt.,Ward
Length of residence in city or town where death occurred / yrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ashing Svalland	abler.
(a) Residence: No. Mt. Curry (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That f attended decessed from
6. DATE OF BIRTH (month, day, and year) 1921-7-3	f last saw h A saive on 2 2 193 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3/30 P.m.
12 J 19 1day,hrs	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Darrageal Dephyleria Dee 19
9. Industry or business in which work was done, as SILK MILL,	1118
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Archivels Co	Other Contributory Causes of importance:
(State or country) Many Land	
13. NAME albest Habler,	
13. NAME Calbest Tables, 14. BIRTHPLACE (city or town) Provide or many long. (State or country) Many long.	Name of operation Dete of Dete of What test confirmed diagnosis Malerrators Was there an autopsy? Mo
15. MAIDEN NAME Gra Cake.	23. If death was due to external causes (VIOLENCE) full In also the following:
15. MAIDEN NAME & TO CORP. 16. BIRTHPLACE (city or town) Baltimore.	Accident, suicide, or homicide?
X (State or country) many land -	Where did injury occur?
17. INFORMANT mr. allent Tybler (Address) mt. airy, red.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lemptown Central Dec 73, 19-33	Manner of injury
10 HARPETTAKED lo. 701. Whot.	24. Was disease or injury in any way related to occupation of deceased? 220
19. UNDERTAKER (Address) I in tree D was	If so, specify
Nears as the Alleunder	(Signed) Allen Trace M. P.
20. FILED Registrar.	(Address) Dut Din med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A MURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

LOCAL Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDIT	ONAL	SPACE F	OR	FURTHER S	TAT	EMENTS	BY PHY	SICIAN			
Authorization	n for	change	of	duration	of	illness	filed	1-9-34	under	Dr.	O'Neill.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0 J2/05/
County Carroll -	Registration Dist. No.
Village or City Sylexialle	No. Springfield State Horpshal Ward
	death occurred in a horpital institution, give its NAME instead of treet and number) 2 ds. How long In U.S. if of loreign birth?
2. FULL NAME Evelyn Sizar Thomas	
(a) Residence: No. 8608 Colemille Pole Solver St	orstong. Mr
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lidowed	21. DATE OF DEATH December 3, 193.3 (Month) (Day) (Yeer)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE ol Horace Thompson	22. I HEREBY CERTIFY, That I attended decessed from September 21, 1931, to December 13, 19.3.3
6. DATE OF BIRTH (month, day, and year) Vocamber 25-1848	1 last saw her_alive on December 12 , 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at b A
85 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Ioliows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cenebral anterior levories 1920 -
9. Industry or business in which work was done, as SILK MILL,	TOTAL STATE OF THE
Note that the second of the se	
0 0 1 00	Other Castributory Causes of Importance:
12. BIRTHPLACE (city or town) Olescalle (State or country)	a di Si
13. NAME Samuel Seizar	Clarica denosas
13. NAME Samuel Sergare 14. BIRTHPLACE (city or town) Links (State or country)	Name of operation
	What test confirmed diagnosis?
[16. BIRTHPLACE (city or town)	23. Il death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital naconds - (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL LOUR Date Del 16, 19.33	Manner of injury
19. UNDERTAKER Vauser & Pumpling (Address) Rostrille rud	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED Dev 14, 19 33 Charry Weer Registrar.	(Signed) M. Unguna Blesse M. D. (Address) S. S. Horpital - Syleanle M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12058
1. PLACE OF DEATH	(B-70)
County 6 avoll	Registration Dist. No. 7/
Village or Citumentour	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME MYS. Julia a Dr.	ito.
(a) Residence: No. Washington	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, of diversed (a) witcool Jlb Stute	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Wach 2,1851 7. AGE Years Months Days If LESS than	I last saw h & alive on Nicco 1 2 3, deeth is said to have occurred on the date stated above, at 4 4 m.
82 9 11 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or pa:ticular kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	Cerebral Nemorrhan 11-14-2:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
1D. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) - Carroll (State or country)	Other Contributory Capses of importance: 13. M-29-33
13. NAME Undansu	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy? 20
f5. MAIDEN NAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comments M. Male	Specify whether injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. Buriay, Committon, or removal unintern Oca	Manner of injury
OW Flace VM Charletth med Date Olic. 13, 1933	Nature of Injury
19. UNDERTAKER OF THE SAME (Address) OF AND THE SAME (Address)	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED N. 1939 Margael (, Englan Registrer.	(Signed) Market Market M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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n-amazon and an analysis of the analysis of th	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

TION is very important.

V. S. No. 1 ä

should state

of OCCUPA-

	erculosis Sanatorium
County Carroll Col	ored Branch 23 Registration Dist. No. 74
Village or City Henryton - Md.	No. (above) St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 14 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henrietta Washington	
(a) Residence: No. 2039 Madison Ave., Balt (Usual place of abode)	imstre, Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Dec., 12, 1933 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of According to the best Information 6. DATE OF BIRTH (month, day, and year) October 27, 1924	22. I HEREBY CERTIFY. That I attended deceased from Apr., 28, 19339 to Dec., 12, 1933 last saw h.er alive on Dec., 12, 193319 ; death is said
7. AGE See# 6 See# 6 See# 6 See# 6 If LESS than 1 day,	to have occurred on the date stated above, at 11.00m.P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis Date of onset
None (of the state of the state of the state of country) None (of the state of the	Oct. 1931 Other Coutributory Causes of importance:
13. NAME James Washington 14. BIRTHPLACE (city or town) Unknown (State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? A
15. MAIDEN NAME Lillie Costley Unknown (State or country) Maryland IT INFORMANT John E. O'Neill, M. D.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT CHITTEN ON METERS, IN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Manner of injury
19. UNDERTAKER Jely Color Jacobia Sulfaction and Control of Color	24. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address)

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	PARTICIPATION OF THE PROPERTY OF THE PARTY O		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

1	. PLACE O	F DEATH		Maryla			
	County_C	arroll.			Color	ed Branch 29 Registration Dist. No. 74	
		City Henr			(lf L yrs, 1 mos	No. (above)	Ward
2	. FULL NA	ME Jan	mes Be	rnard	Wood -		
					nd Ave.	Brentwood/ard. Prince Geo's Co., Ma	d.
21-700-	PERSON	VAL AND	STATISTIC	CAL PART		MEDICAL CERTIFICATE OF DEATH	State
3. S		4. COLOR O	R RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Dec., 8, 1933 (Month) (Day)	, 193
5a.	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended Oct., 10, 193219 to Dec., 8,]	deceased from
6. I		(month, day, and	d year) Se Months	pt. 1 Days 23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h 1 m alive on Dec 8, 1933, 19 to have occurred on the date stated above, at 10.20 mA • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	Industry or work w. SAW MI 10. Date decea	ession, or particl work done, as S R, BOOKKEEPER business in wh as done, as SILK ILL, BANK, etc sed last worked upation (month a	SPINNER, , etcich MILL, 	Labore: Unknow: 11. Total sp.		Pulmonary Tuberculosis	July 1932
	BIRTHPLACE (o		Brent	wood and		Other Contributory Causes of importance:	-
FATH	HE 13. NAME Richard Wood 14. BIRTHPLACE (city or town) Upper Marlboro (State or country) Maryland			Marlb		Name of operation Date of What test confirmed diagnosis? Was there an a	au'opsy? Zu
MOTHER 12.	(Stata o	E (city or town) or country) John	Anaco Distr E. O'N	eill.	Columbia	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19
18.	(Address) Henryton, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Yallerella Md. Date Cess, 1933				28/	Manner of injury	
-	UNDERTAKER (Address)	France 18/33, 19	alter	schie	Sons not. Meece	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	no.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
ZUMERU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor